

The money can be used for professional help at home, a place in a nursing home, or as a payment for relatives or other private carers.

The quality of the nursing homes still remains a problem, however, as the German parliament stated in May 2002. But the politicians are equally united in the opinion that no more money can go into the system.

Annette Tuffs *Heidelberg*

Spain: the old frequently live with their families

Spain has a lack of nursing home beds, which sometimes means that old people who cannot afford a private bed have to wait a long time for a free one. But the tradition of old people living with their families helps to compensate for a lack of places, doctors say.

Dr Isidoro Ruipérez, head of the geriatric unit at the Hospital Central de la Cruz Roja, Madrid, and president of the Spanish Society of Geriatrics and Gerontology, says that long term care of elderly people is "not guaranteed at all" in Spain.

He points out that, with a mean of 2.5 (public and private) nursing home beds per 100 people older than 65 years, provision is far below the ratio recommended by the Organisation for Economic Cooperation and Development of 5 per 100 people aged over 65.

When old people cannot afford a place in a private nursing home, they are offered a place in a publicly financed facility, to which they have to contribute 80% of their retirement pension. If an elderly person has neither personal savings nor a pension, the state will look for a free bed for them, but the person usually has to join a long waiting list.

Dr Ruipérez said that the situation was made easier by the fact that traditional values still persisted in Spain so elderly people often lived with their relatives.

But Dr Alfonso López-Soto, head of a recently launched geriatrics unit at the Hospital Clínic



US: Medicaid pays for half of nursing home bills, but better off do not qualify

The financing of long term care services for elderly people in the United States is a patchwork of funds from the federal, state, and local levels plus payments from the consumer's own pocket or from long term care insurance.

Medicare, the federal health insurance system for people aged 65 and over, covers only short term (100 days) nursing home care and limited home health care and rehabilitation.

Some help for elderly people in long term care comes from Medicaid, the cooperative federal-state programme designed to provide assistance to low income Americans needing long term care in nursing or hospice facilities, or through home health care. The General Accounting Office of Congress estimated the average cost of nursing home care to be \$55 000 (£37 000; €57 000) a year in 2000. As the major funding source for long term care, Medicaid covers nearly 52% of nursing facility bills.

To qualify for Medicaid, middle and upper income families would have to divest themselves of most of their assets. From 21 July 2000, a spouse at home could keep a maximum of \$84 120 in assets and \$1383 in monthly income, before entitlement to Medicaid was lost.

Some Americans take out long term private health care insurance in their middle years. According to the Health Insurance Association of America, the annual premium for a low option policy for a person aged 50 is about \$400; at age 65, \$1,100; and at age 79-80, \$4300. There is an incentive to start paying while young, because the premiums remain the same and so the total amount paid by the time long term care is needed is less.

Fred Charatan *Florida*

of Barcelona, said that these traditional values were disappearing, owing to several factors, such as an increasing number of women going out to work.

Xavier Bosch *Barcelona*

Ireland: state pays maximum of £6400 a year

Long term care for elderly people who are incapacitated is provided in several different ways in Ireland.

If a 74 year old woman had a stroke, for example, and required nursing home care, several options are available. She could be placed in the long stay ward of a geriatric hospital, in a welfare home, or in a district (cottage) hospital. Maintenance charges are payable. The maximum weekly rate is the patient's weekly income less an amount determined by the health board. If the person has a spouse living at home, these charges are based on not more than 40% of their combined income.

Alternatively, a bed in a pri-

ivate nursing home may be sought. The health boards may pay a subvention towards the cost of a nursing home if the person is unable to pay part of the maintenance cost. The current maximum subvention is €190.50 (£123; \$185) a week.

In assessing means for this subvention, all sources of income and savings are included. Before 1998 the means of children were considered, but the regulations were then amended to exclude this contentious clause.

There is still a tradition of the extended family providing care for elderly people. This burden falls almost exclusively on women. According to Professor Davis Coakley, professor of geriatric medicine at Trinity College Dublin, nine out of 10 women in a caring role give on average 50 hours a week to the task.

Muiris Houston *Dublin*

Australia: government subsidises long term care by up to £22 000 a year

The federal government is largely responsible for funding residential care for old people in Australia, helped by a combination of flat user fees and income tested fees.

Care homes for elderly people (known as "aged care homes") can charge up to \$A66 000 (£25 300; \$38 000; €39 000) a year to look after a high care resident, with the government paying a subsidy of up to \$A57 500 (£22 000) and the elderly person making up the difference, in what are known as "basic daily care fees."

Residents thus contribute about 13% of the cost of their accommodation and care from their private income, savings, and pension. Those who do not have the full means tested pension may also have to pay an income tested fee, and high care residents with enough assets could also have to pay an accommodation charge.

High care patients with sufficient assets and income are expected to contribute a quarter of the cost of their accommodation and care.

Christopher Zinn *Sydney*